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QUALCOMM INCORPORATED 5775 MOREHOUSE DR. SAN DIEGO, CA 92121				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil- transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			Г				(Depositor's name
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							(Date)
APPLICATION NO.	FILING DATE	FILING DATE			ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/804,267	/804,267 03/18/2004		Nikhil Jain		030259U3 7454		
			UTHENTICATE BETWI				_
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	03/14/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS]			
CUMMING,		2617	455-435100				
Change of correspondence address or indication of "Fee Address" (CFR 1.363). CPR 1.363). Change of correspondence address (or Change of Corresponde Address form PTO/SB/122) attached.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form P10/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PT0/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agent. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	oe)			
					ee is ider	ntified below, the d	ocument has been filed fo
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
QUALCOMM Incorporatred San Diego, California							
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛮 Co	orporation	or other private gr	oup entity Governmen
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee	to small entity discount	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order -		permitted)	The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 17-0026 (enclose an extra copy of this form).				
5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state		☐ b. Applicant is no lon				
							he assignee or other party i
Authorized Signature /Peng Zhu/			Date March 5, 2007				
Typed or printed name Peng Zhu			Registration No. 48,063				
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